

Name of Entity: Mckesson, DeRay Citizens for

Filing Period Name: 01/10/2018 Annual

Entity Number : 01011359

Report Due Date : 01/17/2018

Campaign Finance Report Summary Sheet

Pa	rŧ	1

Transaction Period → This Report covers transactions beginning	01/12/2017	and ending	01/10/2018 .	
	Date		Date	
☐ Final Report (Check if you intend to close the account. This cannot be a final report if a cash balance or outstanding obligation rem				
☐ Amendment # (Date amendment is being filed)		×2/2.	

Part 2

Bank Account Name	Bank Account Number	Bank Account Balance*
*As of the report transaction ending of Total	ate.	\$1,362.96

Part 3

Receipts

Contributions – Schd 1, Col A	\$0.00
Ticket Purchases – Schd 1, Col B	\$0.00
Federal Committees – Schd 1, Col C	\$0.00
Political Clubs – Schd 1, Col D	\$0.00
MD Candidate and Slate Accounts – Schd 1A, Col E	\$0.00
MD Party Central Committees – Schd 1A, Col F	\$0.00
MD Political Action Committees – Schd 1A, Col G	\$0.00
Non-Federal Out-of-State Committees – Schd 1A, Col H	\$0.00
Other – Schd 1B, Col I	\$0.00
Loans – Schd 3, Col K	\$0.00

Enter Total in Part 4 (Total Receipts)

Expenditures

\$9,453.78
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$1.00
\$0.00
\$0.00
\$120.00
\$0.00

Enter Total in Part 4 (Total Expenditures)

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Part 4

Prior Balance	\$10,937.74	Report calculated cash balance from Part 4 of your prior report.	
	+		
Total Receipts	\$0.00	Total of Part 3 Receipts	
	-		
Total Expenditures	\$9,574.78	Total of Part 3 Expenditures	
	=		
Cash Balance	\$1,362.96	This is your report calculated cash balance. Carry forward this balance to your next report.	

Part 5

Value of In-Kind Contributions – Schd 1B, Col J	\$0.00
Value of In-Kind Expenditures – Schd 2, Col AA	\$0.00

Part 6

Outstanding Loan Balance - Schd 3, Col L	\$0.00
Outstanding Bills Due – Schd 3, Col M	\$0.00
Total Outstanding Obligations	\$0.00

Part 7

Under penalty of perjury, we declare that we have examined this report, including the accompanying schedules, and to the best of our knowledge and belief they are complete and accurate.

DRUMMOND, NAKEIA LINETTE	(Date)	01/16/2018
Signature of Treasurer		
MCKESSON, DERAY	(Date)	01/16/2018

Signature of Chairman

Warning

Failure to provide all information required by this form will be regarded as a failure to file.

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Expenditures
N - Salaries and other compensation

(see schedules 1A and 1B for other types of Income)

Date	Payment Method	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	ADMIN ✓	Amount
04/17/2017	Check	Bossier, Sharhonda 435 S Front St, Memphis, Tennessee 38103	Paychex 911 Panorama Trl S., rochester, New York 14625		\$116.10
Expenditure P	urpose:	Payroll Company Management	Expense		
	Remarks: Pa	ayroll Processing Fee			
04/17/2017	Check	Burns, Whitney W PO Box 1174, Springfield, Virginia 22151			\$3,718.75
Expenditure P	urpose:	Professional - Accounting			
	Remarks: Bo	pokkeeping			
04/17/2017	Check	Trister, Ross, Schadler & Gold, PLLC 1666 Connecticut Ave NW, Ste 5, Washington, District Of Columbia 20009			\$5,618.93
Expenditure P	urpose:	Legal Fees - Compliance/Admir	nistrative		
	Remarks: Le	egal Services			
				Total	\$9,453.78

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Entity Number :

Filing Period Name: 01/10/2018 Annual Report Due Date : 01/17/2018

SCHEDULE - 2	Expenditures V - Fundraising Expenses	
	(see schedules 1A and 1B for other types of Income)	

Date	Payment Method	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	ADMIN ✓	Amount
01/31/2017	EFT	Vantiv 8500 Governors Hill Dr, Symmes Twp, Ohio 45249			\$1.00
Expenditure P	urpose:	Credit Card Service Processing	Charges		
	Remarks: Cr	edit Card Processing Fee			
	•			Total	\$1.00

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SCHEDULE - 2 Expenditures Y - Other

(see schedules 1A and 1B for other types of Income)

Date	Payment Method	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	ADMIN ✓	Amount
06/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure Purpose:		Bank Charges			
	Remarks: Ba	ank Fee			
07/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure P	urpose:	Bank Charges			
	Remarks: Ba	ank Fee			
08/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure P	urpose:	Bank Charges			
	Remarks: Ba	ank Fee			
09/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure P	urpose:	Bank Charges			
	Remarks: Ba	ank Fee			
10/02/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure Purpose:		Bank Charges			
	Remarks: Ba	ank Fee			
11/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure Purpose:		Bank Charges			
	Remarks: Ba	ank Fee			

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12/01/2017	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure Purpose:		Bank Charges			
	Remarks: Ban	arks: Bank Fee			
01/02/2018	EFT	Bank of America 201 N Charles St, Baltimore, Maryland 21201			\$15.00
Expenditure Purpose:		Bank Charges			
Remarks: Bank Fee					
	-			Total	\$120.00

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Entity Number :

Amendments Summary

Report No	Filed date	Report Type	Filer
1	01/16/2018	Original	DRUMMOND NAKEIA LINETTE

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